## 1000121681

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS  NOV 2 8 2010  EXAMINER

Office Use Only



700187863207

11/22/10--01006--015 \*\*125.00

10 NOV 22 PH 4: 09
SECREPANDE STATE

## **COVER LETTER**

то:	Registration S Division of Co		
SUBJ	ECT: Barrier F	Reef Productions, L.L.C	······································
		Name of Limit	ed Liability Company
The er	iclosed Articles o	f Organization and fee(s) are	submitted for filing.
Please	return all corresp	ondence concerning this matt	er to the following:
	James A. Eng	gland	Alan Jones
i			Name of Person
		Barrier Ree	f Productions, L.L.C.
			Firm/Company
	7215 Achilles	Road	7011 Orange Ave.
	•		Address
	Cocoa, Florid	a 32927	Cape Canaveral, Florida 32920
		Cit	y/State and Zip Code
	mengland4@d		alanjonesfilms@gmial.com
		E-mail address: (to be used t	or future annual report notification)
For fu	ther information	concerning this matter, please	e call:
Alan	Jones		at ( 321 ) 506-2322
	Name	of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check fo	or the following amount:	
☑\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

s:	
ctions, L.L.C.	
bility Company, "L.L.C.," or "LLC.")	
principal office of the Limited I	Liability Company is:
Mailing Address:	
7215 Achilles Road, Cocoa, Florida 32	2927
cistered Agent. You must designate an ind	
England	
ne	
lles Road	
ddress (P.O. Box NOT acceptable)	
FL 32927	
State, and Zip	
n this certificate, I hereby accept city. I further agree to comply with performance of my duties, and I d	the appointment as th the provisions of all am familiar with and
ature (REQUIRED)	
	AE 10
	principal office of the Limited I  Mailing Address:  7215 Achilles Road, Cocoa, Florida 32  ed Office, & Registered Agent gistered Agent. You must designate an indi- er registered agent are:  England ee  illes Road ddress (P.O. Box NOT acceptable)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Alan Jones
	7011 Orange Avenue
	Cape Canaveral, Florida 32920
MGRM	James A. England
	7215 Achilles Road
	Cocoa, Florida 32927
(Llas attachmant : C ======	
ICLE V: Effective date, if other than effective date is listed, the date mu	
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)  REQUIRED SIGNATURE:	
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a man of this document of this document of the date.	the date of filing: January 1, 2011 . (OPTIONAL est be specific and cannot be more than five business days ember or an authorized representative of a member.  th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)